

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>6/24/05</u>		2 Serial/Patent # <u>10/529194</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input checked="" type="checkbox"/>	Filing <u>fee change</u>			\$ <u>550</u>						
<input type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input type="checkbox"/>	Petition			\$						
<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input type="checkbox"/>	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ <u>550</u>						
		8 TO BE REFUNDED BY:								
9 REASON:		Treasury Check								
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">6</td> <td style="width: 20px;">2</td> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> </tr> </table>			6	2	1	8	1	8
6	2	1	8	1	8					
<input type="checkbox"/> No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>								
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140-ext 23</u>								
OFFICE: <u>DO/EO</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: